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IMPORTANT FAX DOCUMENT

DATE April 21, 2006
NAME Williams, Alexander O.
COMPANY United States Patent and Trademark Office
FAX NUMBER (571) 273-8300

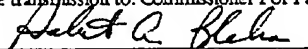
FROM Robert A. Blaha
REFERENCE NO. 10/697,064 10030676-1
OUR FAX NUMBER 770-804-0900
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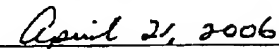
Amendment Transmittal (1 page);
Response to Office Action (5 pages)
Information Disclosure Statement (2 pages)
Form PTO-1449 (1 page) for:

Patent Application No. 10/697,064
Matching Circuits on Optoelectronic Devices
Examiner: Williams, Alexander O. Art Unit: 2826 Confirmation No.:
8140

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Commissioner For Patents, (571) 273-8300, on the date indicated below.


Robert A. Blaha


Date

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ATTORNEY DOCKET NO. 10030676-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Peter Henry Mahowald

Serial No.: 10/697,064

Examiner: Williams, Alexander O.

Filing Date: October 30, 2003

Group Art Unit: 2826

Title: Matching Circuits on Optoelectronic Devices

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment ☐ Petition to extend time to respond
☐ New fee as calculated below ☐ Supplemental Declaration
☐ No additional fee (Address envelope to "Mail Stop Amendments")
☒ Other: Information Disclosure Statement (Fee \$0)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	14	MINUS	20	= 0	X 50	\$ 0
INDEP. CLAIMS	1	MINUS	3	= 0	X 200	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ 360	\$ 0
EXTENSION FEE	1 ST MONTH 120.00 <input type="checkbox"/>	2 ND MONTH 450.00 <input type="checkbox"/>	3 RD MONTH 1020.00 <input type="checkbox"/>	4 TH MONTH 1590.00 <input type="checkbox"/>		\$ 0
OTHER FEES						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$0 to Deposit Account 50-3718. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-3718 pursuant to 37 CFR 1.2 5. Additionally please charge any fees to Deposit Account 50-3718 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

Peter Henry Mahowald

By

Robert A. Blaha
Robert A. Blaha
Attorney/Agent for Applicant(s)

I hereby certify that this paper is being facsimile
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